



big sky BEHAVIORIST

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PLEASE RETURN DO DD PERSONS HAVE THE RIGHT TO REGISTER AND VOTE?

by

AUG 3 1978

Margi Ulvestad
Executive Director
DD/MAP, Inc.

MONTANA STATE LIBRARY
930 E Lyndale Ave.
Helena, Montana 59601

A recent occurrence in Boulder, Montana involving seven residents from Boulder River School and Hospital has precipitated this article.

The occurrence: seven Boulder River School and Hospital residents went to register to vote but were refused by the local officials. Through the fast and furious efforts of Rusty Redfield, Sue Belcher and Kelly Moose and consultations with Jim Johnson and myself, the residents were finally, on May 5, 1978 - 4:15 p.m. - allowed to register. This was the last day citizens were able to vote in the Primary Election to be held on June 6, 1978 -- very close to the wire.

There are several sources which point out the right to vote by developmentally disabled individuals:

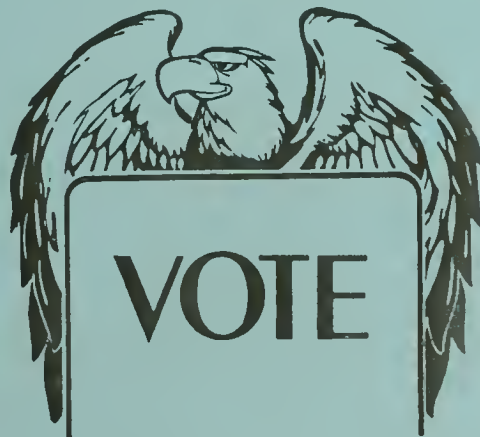
1972 Montana Constitution: Article IV, Section 2 states:

"Any citizen of the United States, 18 years of age or older who meets the registration and residence requirements provided by law is a qualified elector unless he is serving a sentence for a

felony in a penal institution or is of unsound mind, as determined by court."

REVISED CODES OF MONTANA, Section 38-1217 (1) states:

"...unless specifically stated in an order by the Court, a person admitted to a residential facility for an extended course of



habilitation shall not forfeit any legal right..."

REVISED CODES OF MONTANA, Section 23-2701 (1) states that a person:

"must be a resident of the State of Montana, and of the county in which he offers to vote for at least thirty (30) days" ... "and he must be a citizen of the United States."

REVISED CODES OF MONTANA, Section 23-3022, Residence Rules for Determining:

"For registration or voting, the residence of any person shall be determined by the following as far as they are applicable..."

(1) The residence of a person is where his habilitation is fixed, and to which, whenever he is absent, he has the

intention of returning. (2) A person may not gain or lose a residence while kept involuntarily at any public institution not necessarily at public expense, while confined in any public prison, or while residing on a military reservation. (8) The place where a person's family resides is presumed that person's place of residence. However, a person who takes up or continues residence at a place other than where his family resides with the intention of remaining is a resident of the place where he resides. (9) ... there can only be one residence. (10) the term of residence must be computed by including the day of the election."

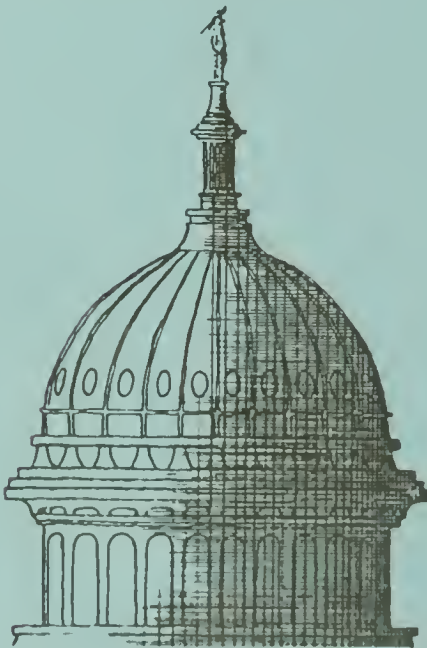
There are several court cases which are relevant to the eligibility of institutionalized residents:

The Supreme Court decision in Carroll vs. Cobbs, New Jersey, 1974, held that the refusal of the Clerk to register the residents of a state school for the mentally retarded was unlawful.

The Supreme Court of Massachusetts, Boyd vs. Board of Registrars of Voters, Mass., 1975, overturned a town's attempt to block eligibility by declaring the residents of a state school for the mentally retarded as being eligible to vote.

New York Appellate Court in Fern vs. Suffolk County Board of Elections, held that the residents of the hospital located in that county were residents of that county in that they maintain their sole residence in that county, and presently intend to remain in that county.

Some registrars attempt to impose pseudo-literacy tests and/or IQ tests to developmentally disabled registrants/voters. This is, of course, discriminatory. The Congress, in the Voting Rights Act, has forbidden the use of "tests" or "devices"



that discriminate on the basis of a voter's literacy or educational achievements. This was primarily aimed at eradicating racially motivated limitations, but certainly does relate to the same attempt to "test" or use a "device" to measure a retarded person's IQ.

I would like to encourage any interested DD folks to register and to vote, and all providers, families, and/or advocates to assist if necessary. It is too late to register for the Primary Election but citizens can register through October 8, 1978 for the General Election to be held November 7, 1978. Since so much legislation directly relates to the lives of developmentally disabled persons, it seems important that they be able and if needed, encouraged and assisted, to vote.

My feeling is that if rights are not exercised, there may as well not be any rights. Many developmentally disabled citizens are disenfranchised simply because no one has thought to make arrangements for them to register and to vote.

"To be sure, the right to vote does not put food on the table or a roof over one's head. But as other minorities have demonstrated, denial of that right is a label of second-class citizenship too easily and too often extended to education, employment and housing. Deprivation of suffrage in other words, signifies society's attitude toward the mentally disabled. It is that attitude with its resulting neglect and discrimination, which must be cast aside." (Robert Plotkin of Mental Health Law Project)

MY WORD TO EVERYONE IS TO GET OUT TO VOTE!!!
If you would like more detailed information or any assistance, please call my office -- COLLECT -- 449-3889 or write me at 1218 East 6th Avenue, Helena, MT 59601.

My thanks to Kelly Moorse for much of this information.

UPDATE: Some Boulder residents have been challenged. We are working to resolve this problem.

Discovered in a Group Home: Pat Hill



Imagine someone totally delighted by their job, lauding the efficiency of the system and the good communication among staff! Such a person exists; her name is

Pat Hill, a Group Home Counselor in Billings. A former practicing beautician, Pat got involved in group home management by a lucky chance almost four years ago. The job offered the fresh challenges she craved yet allowed her to keep the home front intact -- an important consideration to a mother of four whose husband travels frequently for his job.

Pat manages the YARC (Yellowstone Association for Retarded Citizens) Group Home at 165 Norris Court and manages it well. In the spacious bilevel house which she and her husband own, she has pulled together the four residents, her four natural children and

her husband into a smoothly functioning family unit. Pat refers to the four clients (all young women between the ages of 18-23) as her best friends, her biggest reinforcement. "It's going to kill me when they move to semi-independent living," she confesses.

Pat wishes that she had known enough to take good records several years ago when two of the women were transferred from Boulder River School and Hospital to her home. She would love to have documentation of the changes in the girls since they've lived in a community setting. Institutionalization had deprived them of the opportunity to learn common things such as using a sink and refrigerator, putting groceries away, turning knobs, responding to traffic lights, riding public transportation and making sandwiches.

Being friendly people by nature, the girls used to hug and kiss



Sorting laundry is part of the routine

astonished strangers in public. An armful of toys often accompanied them on outside excursions. They would also sneak great quantities of food from the kitchen during the night, eat so much they would vomit and climb into Pat's infant daughter's playpen.

"And I made things worse by laughing at them," Pat admits. "I also relied almost entirely on negative feedback to try to control a behavior problem. I've learned a lot about behavior management since then," an accomplishment which she attributes in large part to RCT Mike Hanshaw. "He's a perfectionist, a pleasant person to work with and he shares knowledge easily." Mike and Tom Powell helped her eliminate the problem behaviors of one girl by suggesting a positive program, extinction of the maladaptive behaviors and use of a token system. "You wouldn't believe how the program really worked," Pat beams. "She used to be a terrible behavior problem and now she's a terrific girl!"

To make her point, she pulled out her records, a notebook for each client, which contain the steps of each training program conducted, the training methods to accomplish them and the data generated from them. Her graphs are beautiful. They are testimony to her effective programming. She also conducts regular checks on previously

learned skills since she reports, "Maintenance is one of my biggest things." The techniques of behavior management are now second nature to Pat. "Since Mike taught me to praise good behaviors, life is much easier."

She tries to keep two formal programs going on each client at all times. Past program graduations include bed-making, table setting, and sorting, washing, drying and hand washing clothes. Her programming priorities for the future are ambitious. She plans to teach food preparation, sex education, clothes selection and ironing, make-up application, time telling, dialing phone numbers, waking up to an alarm clock and recognizing safety words. She claims that, "It's a challenge to see how fast a program can work."

Pat also makes frequent use of incidental teaching techniques. A favorite strategy of hers is to vicariously reinforce -- that is, to reinforce a person for displaying a behavior in the presence of the client in whom you actually want to increase that behavior. Pat figures, "There's no limit to what they can do. You just can't peg them."

What is it like mingling four clients in a home with her four natural children? "The girls are like family," Pat says, "especially the two who have no contact with their natural parents." They all help with the yard work, vacuuming, laundry and other chores.



Pitching in to change the beds

"Excursions in which the whole family can participate are great -- bowling, bike hikes, picnics. Actually, we make our own fun."

Pat has been married for 14 years to Nick, a marketing agent for an insurance company. Nick is also involved with the clients and has his own training style. Acknowledged popcorn king, he established the rule that, "Whoever doesn't spill it can eat it." Pat notes that nobody spills a single kernel anymore.

Pat feels their social life is like anybody else's. "We get out of the house and have people over. There's no problem with the girls. Our friends accept them along with us,"

A noteworthy item that emerges in talking with Pat is her unblemished history of success in dealing with outside agencies. She reports that the communication channels are really good between YARC, her administrator, and the staffs of the school and sheltered workshop her clients attend. "People have really accepted me. I just haven't had the problems that many others have." An explanation for this anomaly would have to take into account Pat's own receptive, gracious manner.

When pressed to expose any sources of frustration, Pat reveals that, "There's too much to do sometimes." She singlehandedly does all the paperwork generated from managing the group home, all the training and the shopping. She has felt occasional restlessness because her many responsibilities prevent her from just taking off.

It's no surprise that money is tight. She could really use more money to, for example, hire someone to help her conduct training programs. Pat calculated that she makes around \$1.50 an hour. She claims that she could never meet the expenses of the home if her husband Nick weren't bringing in a good salary.

Pat sees her responsibility to the clients as helping them prepare for semi-independent living, especially for two of the women. Preparing herself emotionally for the eventual separation that is an inevitable result of the

girls' increased independence has been no small feat for Pat. But she feels that, "You have to set high expectations for them and they'll reach them."

Yet, like most tenets we espouse, there are myriads of complexities to the concept of normalization. Once in awhile upon observing an intimate interaction between her clients, Pat has acknowledged to herself the validity of their own peculiar ways. "I can't help but wonder sometimes if it's right to push society's standards on them," Pat admits. Reflections of this kind in no way deflect Pat from her mission of helping the clients to deal effectively in society. Instead they enhance her sensitivity to the uniqueness of each person.

This editor knew she had met someone really special after talking with Pat Hill. Pat mixes caring involvement with efficient behavior management to afford her clients their best chance for success.

Pat exclaims, "I get so excited! I feel this is what I've always wanted to do. It's fun to learn." Her biggest complaint is people telling her that her reward is in heaven. She counters, "I'm getting plenty of rewards right now!"



The residents pose on the patio



Regional Highlights

selected doings from around the state

Region I

by Pete Degel

Senior Regional Clinical Trainer

Since November 1977, the staff of the Milk River Activity Center (M.R.A.C.) in Glasgow have radically altered their approach to client training. Prior to November, clients were engaged almost exclusively in arts and crafts. Little time was spent teaching skills necessary for movement to a more independent work situation. Because the new director and staff have worked diligently to apply the IHP approach, the focus has changed significantly.

The Milk River Activity Center has implemented a multifaceted approach to determining client needs which combines assessment from the Minnesota Developmental Progress System with observations of the client and staff. This pool of assessment data is subsequently presented to the Habilitation Planning Team so that goals can be formulated for each client. Each assigned staff member has the responsibility for writing the IPP and implementing that IPP consistently.

Presently, each client has at least four IPPs which are conducted on a daily basis. Clients participate daily in classroom programming geared toward the development of skills such as money management, time-telling, writing and self-care. One hour each day is reserved for training community orientation and mobility skills. During this time, clients leave the center to learn, for example, how to order from a menu, behave appropri-

ately in restaurants and use public transportation. During the remaining three hours, clients receive training in vocationally relevant skills (e.g., staying on task, completing a task within a specified time).

This change in orientation has fostered client growth and subsequent movement through the program. I would like to congratulate the M.R.A.C. staff and director, Dain Christianson, for their enthusiasm and determination in achieving this change. To accomplish so much in so little time requires considerable commitment on the part of many people.

Region II

by Ted Spas

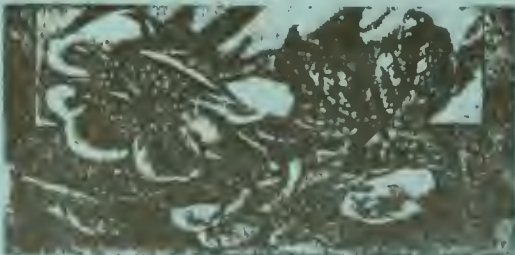
Senior Regional Clinical Trainer

John Rakestraw and Lisa Jean-Child, group home trainers at Intervention House in Great Falls, were married on May 21. Staff and clients from Cascade County Housing witnessed the ceremony which took place up Dry Fork Road in the Lewis and Clark National Forest near Monarch. RCT Ted Spas performed the ceremony with assistance from several clients, staff and friends. Beer flowed freely and a good time was had by all. Congratulations, John and Lisa!

RCT Position Filled: Wahlstrand
and Spas to Join Forces

Ken Wahlstrand will begin work as a Regional Clinical Trainer on June 15. Together with Ted Spas, Wahlstrand will work to provide training in applied behavior analysis to providers in Region II.

Wahlstrand, 29, received his B.A. in 1971 from Macalester College in Minnesota and his M.A. in clinical psychology from the University of Iowa in 1977. He is currently a doctoral candidate in clinical psychology





at the University of Iowa; his Ph.D. will be awarded following completion of his dissertation.

Wahlstrand's varied work experience includes two years at Boulder River School and Hospital where he was employed as a behavior modification specialist and a social worker. At the University of Iowa, he taught undergraduate psychology courses and was active in research on aggression, imitation and hyperactivity in children.

Wahlstrand will soon be joined by his wife, Marty, and their infant son, Jarud. We extend a warm welcome to the Wahlstrands as they begin to settle into the Havre community.

Region III

by Tom Seekins
Senior Regional Clinical Trainer

Interestingly, most of our time recently has been spent away from home. During the past three weeks, for example, Mike Hanshew has spent just one night in his own bed! That's not to say he was in someone else's -- but that he was on the road.

Meanwhile the region rolls on Perhaps the most significant event of the past month was the regional council's decision to consolidate all of the Billings group homes under the Yellowstone ARC.

Also of note was a workshop we conducted with Semi-independent Living Project staff Joan Winchell, Mary Beth Wilson and Steve Griffin. Outcomes of that workshop were development of: 1) a standard client screening procedure and 2) a client assessment tool which specifies the entrance and exit criteria for the program.

Denver was marvelous! Probably the five finest people ever to walk in sunlight went there last week.

Region IV

by Phyllis Williamson
Regional Clinical Trainer

Day Programs in Region IV are becoming more and more oriented toward vocational training. Chance, Inc. in Dillon, AWARE in Anaconda and Counterpoint in Livingston have all included vocational components in their programs during this past year. One more program which began this year and deserves attention is the Community Skills Team at Progress, Inc. in Helena. Because it evolved within the existing structure of Progress, its impact has been more subtle than that of other day programs.

Brought about by a need to address the ever increasing gap between leaving a strictly academic program and entering a workshop, this team provides valuable training to approximately 10 clients. The team's supervisor is Penny Threlkeld who is assisted by Applied Behavior Analysis Specialist Daphne Crosbie. Several months ago I spent an entire day with Penny's team and was able to observe most of the learning activities in which clients were engaged.

With the emphasis on work skills and work habits, the primary activities consist of work stations at which clients may be constructing small items, counting out a constant number of poker chips, counting out varying numbers of objects, sorting nails and other related tasks. The purpose of these tasks is to increase dexterity, accuracy, on-task behavior, stamina, and provide exposure to a work environment. The latter purpose is evident in the supervisory rather than "teacher" role the staff portrays. The idea of associating money with work is a key part of each client's program. As Penny described it, the clients are learning that "The results of their work do make a difference in their earnings." Each client's optimum criterion level is individually determined and by means of self-charting and contingent payments, they are directly involved in their own progress.

Of course auxiliary skills and specific behavior problems are also dealt with during the daily schedule. For example, functional reading such as community signs, use of a time clock, the functional use of money and

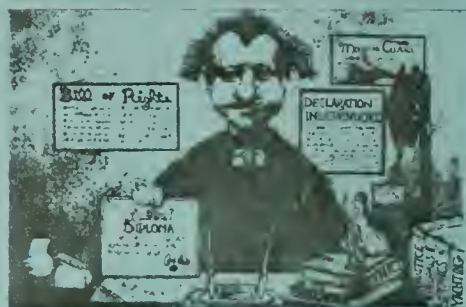
community mobility are all part of the team's programming.

Progress has done an excellent job of incorporating a needed training component into its existing framework. It's nice to see innovative training continuing to develop throughout Region IV.

Region V

by Jan Mackay and Cheryl Harner
Senior RCT Community Worker III
DDD

Once every year something goes awry with those of us providing services to the developmentally disabled. It is not fluctuating hormones levels, the coming of spring or astrological influences. No, it is contracting time. We lose our minds, our tempers and the patience that we are all known so well for. We have illusions of well-ordered desks and optimistic goals of completing contracts sometime before next January. It is not only we human beings that malfunction; our Texas instruments suddenly refuse to add, subtract, multiply or divide correctly. Resorting to pencils, we find easily broken lead and no erasers anymore (alas!). As we all know, we're under the gun (or under the money) to set things in order by that magic date, July 1. We need at least four months to generate, write, negotiate, rewrite, renegotiate and redo. The remaining eight months of the year can be devoted to implementation, amendments and the re-establishment of alienated friendships.



Etching by Charles Brugg

YOU ASKED FOR IT

Q.

"There is a client in my group home who worries me. Sometimes she laughs when nothing funny happened. Other times she'll talk about strange things. I'm wondering if maybe she's mentally ill. Do you think medication would help?"

A.

Occasional inappropriate laughing or speaking is a common occurrence among developmentally disabled persons (not to mention the general population!). While these kinds of behaviors can be an indication of serious emotional or mental disturbance, it is unlikely.

Your first strategy should be to look for simpler explanations. For example, what sorts of things have recently occurred which may be related to a change in behavior? Has the client recently changed day programs, residence or medication? You should also look at environmental events which precede and follow the inappropriate behavior. Are there things which consistently appear to "set off" the behaviors? Does the client get attention after emitting the behaviors?

If careful observation reveals any patterns of this nature, your treatment should involve changing the relationship (contingency) between the environmental occurrences and the behaviors. The way in which you go about restructuring the environment will depend on many variables within the situation and will require the assistance of someone trained in applied behavior analysis.

If specific environmental events related to occurrences of the behavior cannot be

identified, your next strategy might be to increase the client's environmental engagement. The behavior you have observed may be occurring as a function of a lack of meaningful things to do (i.e., boredom). Increasing the number of highly engaging activities (e.g., games or interactions with others) will probably reduce the frequency of those troublesome behaviors. You may also wish to increase the number of formal training programs for the client to achieve a similar effect.

If none of these strategies produce the desired result, there are still methods which probably should be used before psychotropic medication is considered. It is, however, probably time to consult someone who is professionally trained in behavior management to develop the plan. It would also be wise to consult the client's personal physician to apprise him/her of the situation.

Richard Swenson, Ph.D.
Psychologist
Shodair Children's Hospital
Helena, MT



Correspondence

ladies,

i apologize for my tardy response to your request for poems. i have written a few but as you can plainly see they have not been enclosed. the reason is that they are simply too negative. as i wrote them i found my daimon to be heavily influenced by the numerous unpleasant experiences i had at brsh. my boulder story is a common one: i enjoyed working with and among residents but a callous and sometimes reactionary administration, coupled with a transient staff, throttled the life out of my good intentions. of course there were some sensitive and understanding directors as well as talented and compassionate staffers but they were far outnumbered by the more odious group. so, rather than splashing my vented spleen over the pages of the b.s.b. i have kept my scribblings to myself.

i do have some ideas regarding the d.d. world however. d.d. is an amorphous body

without a voice. it needs definition, identity and articulation. those simply stated goals will require herculean efforts to accomplish. gentlepersons with greater administrative skills than my own will, someday soon, have to tackle the problem of our mother agency's schizophrenia. however when and if i can, i will assist with the voice. the multitudinous good hearted people with shirt sleeves rolled up in the group homes, sheltered workshops, e & d clinics, child & family services agencies etc. across the state need someone to speak to their fears, frustrations and their hourly, daily, weekly, monthly, and yearly triumphs over them. someone to analyze the cryptic, seemingly arbitrary rulings handed down from on high in helena. someone to peruse scholarly journals and report in an informative and entertaining way the trends in behavior and developmental programming. someone to walk the busy hallways of d.d. offices across the state and report. someone to absorb the ubiquitous bullshit and articulate apothegms revealing any golden truths embedded within. what i'm saying in my typical long-winded fashion, dear ladies, is that you need, we need, editorials. not hastily scratched out reports of what's happening in region I II III IV V but sensitive editorials written by someone talented enough to reach into the mire and put his/her finger directly on the wildly pounding pulse of an animal known as the developmental disabilities division of s.r.s.

this assignment, should some fool decide to accept it, will require journalistic talent, time aplenty, patience, understanding, understanding and more understanding. i would like to volunteer but, unfortunately, i have none of the above qualifications. i will write a humble something or other when i can but we really need a regular column. there are many highly literate individuals working out there who would enjoy their work put into philisophical perspective. what say you?

p.s. i can recommend a select few who quite possibly could handle it: tom seekins, tom powell and ron langworthy, all in billings, john moore in boulder, ray flaherty in belgrade, kathleen gallacher in missoula or billie miller in boulder.

Pat Friman
Comprehensive Developmental Center
Missoula, MT

EDITOR'S NOTE: We have invited the individuals mentioned to contribute their perceptions to the BSB.

ANOTHER UNIQUE ADVENTURE STORY IN MODERN BEHAVIOR SHAPING - FROM FAIRVIEW STATE HOSPITAL COSTA MESA, CALIFORNIA #92626

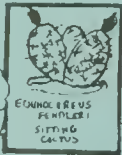
Fairview's

BEHAVIOR TECH AND POSITIVE REINFORCERS SR+



Created by Simma Siskind and Helen Johnson Vol II No 45

① IN ORDER FOR A REINFORCER TO BE EFFECTIVE THERE MUST BE A STATE OF DEPRIVATION. THE PERSON MUST BE HUNGRY OR THIRSTY. I SEE - FOOD IS NOT A REINFORCER AFTER YOU HAVE JUST EATEN A BIG MEAL.



② YOU SAID IT! YOU MUST REALLY NOTICE WHAT THE CHILD EATS FIRST WHEN YOU GIVE HIM HIS TRAY.

I REMEMBER NOW - TORCH LOVES ORANGE JUICE - BY THE GALLON. TOAST - TOO.

③ RIGHT - THEN YOU ARE SATIATED. REMEMBER REINFORCERS ARE HIGHLY INDIVIDUAL. SOMETIMES THEY WORK AND SOMETIMES THEY DO NOT.

DIFFERENT STROKES FOR DIFFERENT FOLKS - HEY - B.T.?



④ ONCE YOU HAVE THE REINFORCER - ARRANGE TO GIVE IT IMMEDIATELY - AFTER THE BEHAVIOR YOU WANT INCREASED.

GOTCHA! I'LL CARRY SOME TOAST IN MY APRON.

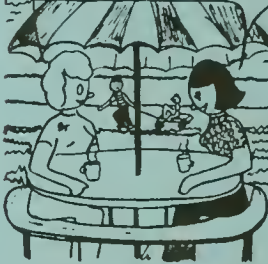
REINFORCERS MUST BE GIVEN STAT AFTER THE BEHAVIOR YOU WANT STRENGTHENED

⑤ OH - HI OCOTILLO: HOW ARE YOU?

HI - B.T. I WANT TO ASK A QUESTION. I HAVE THIS KID - TORCH - WHO DOES NOT LIKE M+M'S

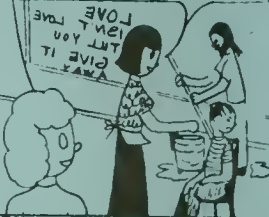


⑥ OCOTILLO - LET ME GIVE YOU A RUN DOWN ON POSITIVE REINFORCERS. SHOOT - B.T. I HAVE A FEW MORE MINUTES.



⑦ YOU MUST FWD AN OTHER REINFORCER - OCOTILLO. WHAT DOES HE LIKE?

NOTHING I KNOW OF - GUESS BEHAVIOR MOD WOULDN'T WORK HERE.



⑧ POSITIVE REINFORCERS ARE THE THINGS THAT TURN US ON. SOME - WE ALL HAVE IN COMMON - LIKE FOOD AND WATER.

OH NO! HE DOESN'T CARE THAT MUCH ABOUT EITHER

REINFORCERS INCREASE THE PRECEDING BEHAVIOR



⑨ WHEN YOU GIVE SOMETHING - OCOTILLO - GIVE SOMETHING OF YOURSELF.

YOU MEAN LIKE PRAISE AND HUGS? HE DOESN'T LIKE THAT!



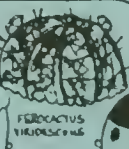
⑩ NOT NOW! BUT WHEN YOU PAIR IT WITH SOMETHING HE DOES LIKE -

- EVENTUALLY HE WILL - THEN MY ATTENTION WILL BE A REINFORCER.



⑪ YES - OCOTILLO - ONCE SOMEONE DIGS ATTENTION - IT IS ALMOST IMPOSSIBLE TO SATIATE ON IT.

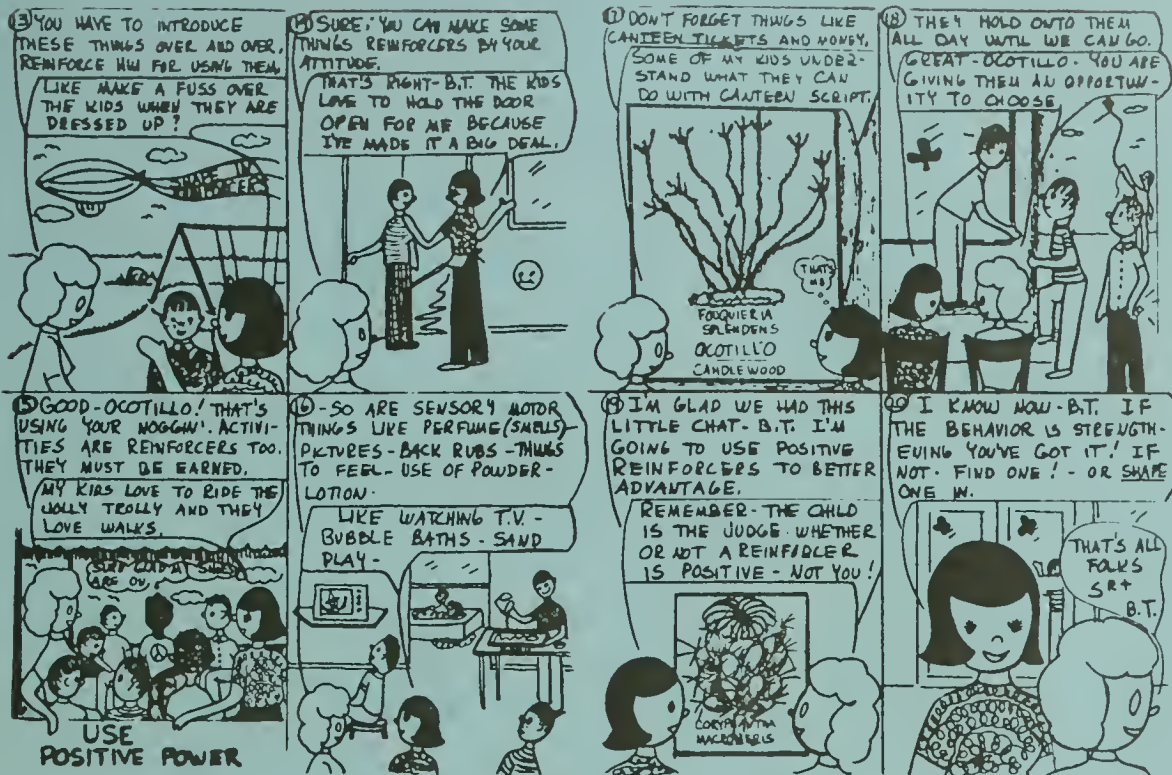
HUM! MY FRIEND - CHOLLA - IS LIKE THAT. WOW!



⑫ THERE ARE ALL KIND OF REINFORCERS NOT ONLY FOOD AND WATER. TOYS - CLOTHES JEWELRY - TRINKETS.

HE DOESN'T LIKE ANY OF THAT!





CLASSIFIED

POSITIONS OPEN

HOMETRAINER to serve families of developmentally disabled children ages 0 - 6 years in north central Montana. Responsible for designing and monitoring parent implemented skill acquisition and behavior change programs. Also providing parents with relevant information toward acquisition of competency in the areas of teaching and programming, child development, normalization, community resources, PL 94-142, etc. Case-load primarily infants and toddlers, with

severely handicapping conditions a high priority; moderate travel requirements; salary starts \$13,600; prefer Masters in Special Education with concentration in pre-school severely handicapped. Starts July 1, 1978. Write REGION II CHILD & FAMILY SERVICES, INC. 2626 2nd Avenue South, Great Falls, Montana 59405

GROUP HOME TRAINERS for disabled adults. No overnight shifts Need two trainers or a couple. CHANCE, INC., Dillon, MT 59725 or 406-683-5773



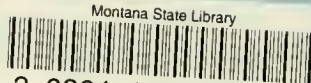
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Division Administrator L.A. Hamerlynch
 Editors Barbara Holum Langworthy, Chrys Anderson
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